

DAIL Advisory Board
9/11/14
Comfort Inn, Berlin

Attendees:

Board Members: Nancy Breiden, Gini Milkey, Bill Ashe, Harriet Goodwin, Diane Novak, Nick McCardle, John Pierce, Beth Stern, Janet Cramer, Peter Cobb, Robert Borden, Max Barrows, Jim Coutts (via phone), Linda Berger (via phone)

Guests: Beth Sightler, Jackie Majoros

State Employees: Susan Wehry, Amy Roth, Kathy Rainville, Suzanne Leavitt, Stuart Schurr, Lisa Parro, Fred Jones, Bard Hill

A motion to approve the meeting minutes for 7/10/14 was made by Beth Stern, seconded by Nancy Breiden. Motion carried 10-0.

Case Management in Choices for Care and Service Coordination in Developmental Services – Amy Roth, DAIL DDSD; Kathy Rainville, DAIL/ASD; Suzanne Leavitt, DAIL/ASD (*See Case Management Handout*)

All Case Managers providing services under Choices for Care (CFC) or the Older Americans Act (OAA) follow the standards found in the Case Management Standards. The CFC Case Managers also follow the CFC program manual and state standards; and the Case Managers for OAA also follow the Older Americans Act.

At the end of this year or early next year, the Adult Services Division (ASD) will review the Case Management Standards to ensure they are current and consistent with the home and community based rules. There are some changes in the rules for settings, which may entail some work on the case management standards for individuals on CFC; however, these changes have not yet been interpreted. The Federal government is researching the possibility of consolidating the Global Commitment and Choices for Care Medicaid waivers. This consolidation would not change the case management expectations; however, it would cause some changes for quality management.

ASD does a case review every 1-3 years, depending on the number of areas that are not fully met during the review. The reviewers are looking for person centeredness, if the person attended the planning sessions or gave input, and any indications of self-neglect. The review process may be updated when the case management standards are reviewed. Since the case reviews are reviewing the services provided, if a person is not served, there would not be a case to review. (Suzanne will follow-up to find out if there are any data on the number of individuals not served.)

The AAAs are working in a more focused way on self-neglect cases and how they can affect the change in people's lives and make a difference, while still being person centered. The AAAs are working together with the state on best practices. Will Rowe, DAIL, is working on the self-neglect initiative for the State of Vermont.

A workgroup consisting of a representative from each of the departments in the Agency of Human Services (AHS) is discussing how the new home and community based services rules will impact Vermont, what needs to be done to promulgate the rules, and to ensure that all programs and supports are in compliance. AHS and the department representatives have been on weekly phone calls with the Federal government to work out the process on how to proceed. October 1st is the target date for a plan to move forward; however, realistically it may not be until January 1st. The Developmental Disabilities Services Division (DDSD) continues to work on the changes for developmental services.

The VT DS State System of Care Plan is developed and implemented every 3 years. It was implemented in July of this year and can be viewed on the DAIL website. (<http://www.ddas.vermont.gov/ddas-policies/policies-dds/policies-dds-documents/policies-dds-documents-soc-plans/socp-fy-15-17>) The Plan has information in it about how services are funded and how they are provided. There are three categories of case management: Targeted Case Management (TCM), which is designed to assist adults and children to gain access to needed services by providing an assessment, care planning, and referral and monitoring by the designated agencies; The Bridge Program: Care Coordination for Children with Developmental Disabilities, which is targeted services for family of children who meet the eligibility requirements and need assistance with IEP or workers; and Flexible Family Funding for individuals who are clinically eligible, have met the necessary criteria for DS services, and need assistance to manage their services, which includes service coordination.

A case record is maintained for person centered services; however, an assessment of needs is not completed. Critical incident reporting and maintaining incident reports are a key part of maintaining quality assurance. There is a quality assurance process in DS that includes a visit to each of the agencies every 2 years in which sample charts are reviewed, as well as conducting interviews with individuals. Creating one document about case management with common case management items on it and paths for different tabs was suggested, as this would be a helpful document for everyone.

Some service coordinators may supervise a support person; however, the employer (home provider) is responsible to train the staff person. Service Coordinators include the staff person in any meetings, and the staff person has access to agency trainings about developmental disabilities. The Service Coordinator may ensure that the staff person has received training; however, they are not required to do this.

During meetings about the Affordable Care Act in Vermont, there has been some interest about the increasing home care provider workforce need and demand, and the need for training and possibly certification. A Request for Proposal (RFP) for microsimulation demand modeling that

includes all of healthcare, non-medical and professionals, is being finalized. (Microsimulation demand modeling uses an algorithm to predict the system needs in the future.)

Commissioner Wehry's Updates:

Legislative Updates:

There was a budget rescission which reduced the carry over funds for Choices for Care. (See Rescission Summary handout.) This rescission retracted the 1.6% Medicaid rate increase that was promised to the Medicaid providers, which had not yet been distributed; however, the one-time funding for home modifications remains intact. The Commissioner will send something out to the providers about the rescission. Providers may also contact Bill Kelly, Financial Officer at DAIL for further information.

The Dementia Care line item for the Companion Aide project, which was first discussed about a year ago in an effort to address the number of people with behavior problems in hospitals, was cut in half as it is expected that this project will not be implemented until January. Will Rowe, at DAIL, convened a workgroup to discuss this issue and to help determine what is needed in order to have a bed for dementia patients. (The Commissioner will ask Will Rowe to send the workgroup information to the Board.) The ideas were presented to the Administration for inclusion in the Governor's budget. The Division of Rate Setting is working on the rules, as it will require a change in regulations, and they have presented the rules to LCAR this week. The project will start small in 5 homes and will be an outcome-based program. If it is successful, DAIL will go back to the Legislature to request additional funding for additional homes.

Deputy Commissioner, Stuart Schurr, is going to attend the Mental Health Oversight Committee on September 23rd to discuss the communications between DAIL and the Department of Mental Health about the people we serve.

Personnel Updates:

There are some strong candidates for the two Health Reform positions. Stuart is overseeing the hiring for the Health Reform Manager position, which may be hired soon. A Request for Review (RFR) is being done for the position previously held by Mary Woodruff. The Commissioner will let the Board know when a decision about this review is made.

Health Reform Update:

In the accountable care organizations there is a hope that improving health care coordination by providing it differently, with better care for patients at a lower cost, will save money which the ACO's will share. In order to ensure that services are not withheld, there needs to be some standards in place. Yesterday, at the Core Team Health Care Reform meeting there was a discussion about the quality measures. The Core Team will post information on its website and invite a final round of comments. The Core Team will advance its recommendations onto the Green Mountain Care Board, who will then submit recommendations to AHS. It will be really important for the DAIL Advisory Board to keep apprised of this.

http://healthcareinnovation.vermont.gov/VHCIP_Grant_Program

Announcements:

The Vermont Center for the Deaf and Hard of Hearing, which houses the Austine School for the Deaf, the Interpreter Referral Services, and the evaluations and audiological exams for children, is closing. Vocational Rehabilitation (VR) is working with the Vermont Center for Independent Living (VCIL) about possibly housing the referral services. The audiological exams will continue to be completed at a fee for service. If anyone has any questions or concerns about the evaluations for schools, they should contact Cindy Morton at the Department of Education. (802) 479-1030

Long Term Care (LTC) Ombudsman Program Update - Jackie Majoros

Since the update in June, the LTC Ombudsman Program has lost an experienced Ombudsman. A new person was hired in July and will be certified in about a month.

It is coming to the end of the fiscal year for the program. The information indicates that there are still staff issues in the facilities and in home and community based services. The National Association of Ombudsman Programs created an evaluation tool for programs to see how their programs are running. Last year's evaluation concentrated on case management.

The Ombudsman Program would like to do more outreach in the coming year by notifying people about what the program is able to do. They visit the adult day programs, but would like to make a commitment to reach out to all of the adult days and all the meal centers with a presentation.

The Ombudsman Program has resource information about the rights of an individual in a residential home. They would like to change the resource information each quarter to concentrate on a specific topic, for example rights around food.

The AoA promulgated new rules for the Ombudsman Programs which are expected to be finalized this month. The AoA wants to do a significant educational program when the new rules are distributed; however, due to the way the system is set up in Vermont, it is not expected that Vermont will have a lot of changes. Vermont will need to draft procedures and policies that are consistent with the rules.

The workgroup on direct care workers is looking at the information about the work that has been done in Vermont for the past 10 years, and moving it forward. Training is a key issue, as well as wages; however, the wages are now being addressed.

Board updates:

John volunteers for the MS Society. They have discovered that many of the primary care physician offices do not have a scale that weighs a person in a wheelchair. There are weight mats available in which a person can roll their wheelchair onto, or for those that are unsteady on their feet. Another issue that has been discovered is the long wait for mental health services, especially psychiatric services, and the barrier of some practitioners not wanting to work with someone who is on medical marijuana.

Medical marijuana issues are starting to arise as it conflicts with Federal laws and may cause questions as to how it impacts physician licensing, and treating a patient in an altered state. The Vermont Department of Health and the Vermont Department of Public Safety are resources for any issues.

OneCare (Accountable Care Organization) is looking for volunteers with mental health and medical health knowledge and experience for their advisory committee. (See e-mail sent on 9/16/14)

The Community of Vermont Elders (COVE) will have two candidate forums: September 23rd and October 17th. See Gini for more information.

COVE is having its annual meeting on November 14th at the Canadian Club in Barre. There will be a raffle and silent auction. Contact Gini for more information or questions.

Green Mountain Self Advocates (GMSA) will have its first Annual Green Mountain Self-Advocates Speak Up Gala at National Life on November 15th.

Max will be attending a Self-Advocates Empowerment Conference in Oklahoma City next month.

Gertrude Hodge, who has been on the Council on Aging Board for 16 years and goes to the statehouse and monitors the legislative sessions, is retiring. There will be a celebration for her on September 25th at noon.

Jim Coutts was recently appointed to the AARP National Policy Council and will serve a two-year term. An e-mail about his appointment was sent to the DAIL Advisory Board.

Division for the Blind and Visually Impaired - Fred Jones, Director, Division for the Blind and Visually Impaired (www.dbvi.vermont.gov)

The Division for the Blind and Visually Impaired (DBVI) is holding four town meetings to obtain information about what people need in order to move forward with employment. These will be held: At the Hilton in Burlington on September 17th; Palms 1933 Lounge in Rutland on September 12th; Holiday Inn in Springfield on September 25th; and Montpelier on October 15th. DBVI will meet with the State Rehabilitation Council for the Blind and Visually Impaired and review the input from these sessions. DBVI will also obtain input through a staff satisfaction phone survey, conducted by a contracted company. All of this information will be tied into Results Based Accountability (RBA) in the State Plan.

There are some big developments in technology for the blind and visually impaired. Currently, items are able to be ordered and received quickly; however, there is a delay in training people on how to use them, and there are sometimes questions about payment. Sometimes individuals may be sent to the Carroll Center for the Blind in Massachusetts for some intense training. On

October 10th, there will be a trainer at the VT Association for the Blind and Visually Impaired (VABVI) office who will share information about applications for iPhones.

DBVI is able to help approximately 80% of the individuals requesting assistance. Older individuals who are blind and not seeking employment are referred to the VABVI.

The Board suggested these additional questions be added to the survey:

- What were you hoping to accomplish with this program, and did it meet your accomplishment?
- Did your goals change during the process, what was your situation like before you began working with DBVI?
- What else do you feel you needed; what could have helped you, if available?
- How did you find out about the technology that is available? From DBVI or did you find out elsewhere? How do you like to get information?

Fred would like to return to a Board meeting and share the input that is received.

Discuss Draft of Annual Report on the Adequacy of the CFC Provider System – Bard Hill, DAIL

The Annual Report on the Adequacy of the CFC Provider System is required by Legislature, and is due October 1st. This will be the second year it has been produced. The report looks at the adequacy of the program and helps inform the Legislature about the reinvestments decisions. Other reports that are done for the CFC program include: Narrative reports for CMS every 6 months; quarterly budget reports for the Federal government; quarterly budget reports for the legislature; and a monthly monitoring report. Because CFC is an 1115 waiver program, the independent evaluation results are sent to the Federal government as well.

In the consumer survey, the homemaker services had the lowest scoring. This led to the development of Flexible Choices during this past year. As this program just started, the data about the program will not give a lot of useful information for another year or so.

On page 33, transportation is not mentioned in summary; however, it appears to be high on the list of needs. A suggestion was made to include transportation, as well as housing, dentures, and mental health, in a paragraph summary acknowledging the need and explaining why it is not covered.

Questions were presented about why qualitative information was presented as quantitative information. Linda questioned the report's lack of the big picture of adequacy and gaps of the program. Bard commented that the responses in the report are listed verbatim, the way they were submitted to DAIL. Some of the Board members felt that the comments should either be summarized or edited so they do not include any agency or staff names. Megan Tierney-Ward will be contacted to discuss this issue further.

2:05 pm Robert moved to adjourn, seconded by Diane.